DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/02/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER MORRISTOWN MANOR STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R-C 10/30/2015 STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER MORRISTOWN MANOR STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			155691				
MORRISTOWN, IN 46161 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE MORRISTOWN, IN 46161 PROVIDER'S PLAN OF CORRECTION (X5) COMPLET TAG CROSS-REFERENCED TO THE APPROPRIATE	1 111				STREET ADDRESS, CITY, STATE	, ZIP CODE	10/30/2013
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE					868 S WASHINGTON ST		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	MORRISTOWN MANOR				MORRISTOWN, IN 46161		
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F 000 INITIAL COMMENTS F 000	F 000	INITIAL COMMENTS		FC	000		
Paper compliance to the Investigation of Complaint/Minimum Data Set Survey IN00180215 completed on August 27, 2015. Review date: October 30, 2015 Facility number: 000422 Provider number: 155691 AlM number: 100291030 Morristown Manor was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 18.2-3.1, in regard to the paper compliance review to the Complaint Investigation/Minimum Data Set Survey. Quality review completed by 30576 on October 30, 2015.		Complaint/Minimum IIN00180215 complete Review date: Octobe Facility number: 0004 Provider number: 153 AIM number: 100291 Morristown Manor wa with 42 CFR Part 483 16.2-3.1, in regard to review to the Complai Data Set Survey. Quality review complete	Data Set Survey ed on August 27, 2015. er 30, 2015 422 5691 1030 as found to be in compliance B, Subpart B and 410 IAC the paper compliance int Investigation/Minimum				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000422